

APPENDIX A

2001 SIPP WAVE 8 TOPICAL MODULE QUESTIONNAIRE

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SIPP 2001 Panel Wave 8
Child Support Agreements Topical Module

-CS03-

Earlier we recorded that the children did not have his or her other parent staying in the household.

-CS04-

Does the child have a parent living elsewhere?

- (1) Yes
 - (2) No
-

-CS05-

There are many reasons why children may not live with both of their biological or adoptive parents. Why doesn't the child have a biological or adoptive parent living outside the household?

- (1) Other parent has died
 - (2) Both parents live in the household
 - (3) Parents are separated/divorced
 - (4) Don't want contact with child's other parent
 - (5) Don't know where child's other parent is
 - (6) Other parent lives elsewhere
 - (7) Other parent legally terminated their parental rights
 - (8) Other parent is no longer recognized as a parent by this household
 - (9) Child was adopted by a single parent
 - (10) Other
-

-CS08-

Earlier we recorded that you had a child support agreement. Child support payments can be specified in written or verbal child support agreements. Have child support payments ever been agreed to or awarded for the children?

- (1) Yes
 - (2) No
-

-CS10-

Which children are covered by a written or verbal child support agreement?

ENTER LINE NUMBER OF EACH CHILD

-N- NO MORE

-CS13-

Were any of these children covered by different child support agreements? By that we mean separate agreements involving different absent parents?

(1) Yes

(2) No

-CS14-

How many different child support agreements cover these children?

____ (number of agreements)

-CS15-

Which of these children were covered by the MOST RECENT child support agreement?

ENTER LINE NUMBERS OF EACH CHILD COVERED BY THE MOST RECENT AGREEMENT

-N- NO MORE

-CS17-

The following questions refer to the MOST RECENT CHILD SUPPORT AGREEMENT.
This is the agreement covering the children's names listed above.

Was this a voluntary written agreement ratified by the court, a court-ordered agreement, some other type of written agreement, or a non-written (verbal) agreement?

- (1) Voluntary written agreement ratified by the court
- (2) Court-ordered agreement
- (3) Other type of written agreement
- (4) A non-written verbal agreement

-CS18-

In what year was this agreement FIRST reached?

-CS19-

What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.

\$_____ per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS22-

Has the dollar amount ever changed?

- (1) Yes
 - (2) No
-

-CS23-

In what year was the amount LAST changed?

-CS24-

What was the dollar amount for the agreement after the last change?

\$ _____ per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS27-

Was that change made or agreed to by a government agency such as a court or child support agency?

- (1) Yes
- (2) No

-CS28-

Were any payments due from the past 12 months?

- (1) Yes
- (2) No

-CS29-

Why weren't any payments due during that period?

- (1) Child(ren) over the age limit
 - (2) Other parent not working
 - (3) Other parent in jail or institution
 - (4) Payment suspended by court or child support agency
 - (5) Other reason
-

-CS30-

What is the total amount of child support payments you were supposed to receive during that period from the most recent agreement?

\$ _____

-CS33-

How are these payments supposed to be received?
Are they received...

- (1) Directly from the other parent
 - (2) Through the court
 - (3) Through the welfare or child support agency
 - (4) Some other method
-

-CS34-

What is the total amount that you ACTUALLY RECEIVED in child support payments under that agreement, during that period? Please include any child support passed through the welfare agency, EXCLUDING your regular A.F.D.C. or [state TANF program name payment].

ENTER "N" FOR NONE

\$ _____

-CS37a-

From the past 12 months, did you receive EVERY SINGLE ONE of the child support payments you were supposed to receive?

- (1) Yes
 - (2) No
-

-CS37b-

Of the child support payments you received from the past 12 months, how many were received ON TIME? Would you say all of them were on time, most of them, some of them or none of them?

- (1) All
- (2) Most
- (3) Some
- (4) None

-CS37c-

For the child support payments you received, how many of them were for the FULL amount you were supposed to receive? Would you say all of them, most of them, some of them, or none of them?

- (1) All
- (2) Most
- (3) Some
- (4) None

-CS38-

Sometimes child support that was not paid in previous years is added to the amount of support owed today. This is sometimes called back support, back payments or arrearages.

Did your most recent agreement for the past 12 months include payment for back support?

- (1) Yes
- (2) No

-CS39-

How much of the child support owed the last 12 months was considered back payment?

\$ _____

-CS39C-

Are you owed any back payments?

(1)Yes

(2)No

-CS39D-

To date, what is the amount of back payments OWED to you?

\$ _____

-CS39G-

How much back payment did you actually RECEIVE the last 12 months?

ENTER "N" FOR NONE.

\$ _____

-CS40-

What kinds of provisions for health care costs are included in the child support agreement?

- (1) Non-custodial parent to provide health insurance
 - (2) Custodial parent to provide health insurance
 - (3) Non-custodial parent to pay actual medical costs directly
 - (4) Child support payments to include cash medical support
 - (5) No provisions for health insurance were included in agreement
 - (6) Other provisions
-

-CS41-

What child custody arrangements does the child support agreement for the children specify?

- (1) Joint legal and physical custody
- (2) Joint legal with mother physical custody
- (3) Joint legal with father physical custody
- (4) Mother legal and physical custody
- (5) Father legal and physical custody
- (6) Split custody
- (7) Other custody arrangement

-CS42-

Does the child support agreement specify the amount of time that the children will spend with the other parent?

- (1) Yes
- (2) No

-CS44-

Did all the children spend about the same number of days with the other parent in the last 12 months?

- (1) Yes
- (2) No

-CS45-

What is the total amount of time the children spent with the other parent from the past 12 months?

Number of days ____
Number of weeks ____
Number of Months ____

-CS46-

Where does the other parent of the children now live?

- (1) Same county or city
 - (2) Same State (different county or city)
 - (3) Different State
 - (4) Other parent now deceased
 - (5) Other
 - (6) Unknown
-

-CS47-

Do you and the other parent still live in the same State or States where the initial child support agreement was reached?

- (1) Yes
 - (2) No
-

-CS48-

Who moved?

- (1) Subject person
 - (2) Other parent
 - (3) Both subject person and other parent
-

-CS49-

Now I would like to ask a few questions specifically about the MOST RECENT NON-WRITTEN CHILD SUPPORT AGREEMENT OR UNDERSTANDING.

In what year was this agreement first reached?

-CS50-

What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.

\$ _____ per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS53-

Has the dollar amount ever changed?

- (1) Yes
- (2) No

-CS54-

In what year was the amount LAST changed?

-CS55-

What was the dollar amount for the agreement after the last change?

\$ _____ per

- (1) Per week
 - (2) Biweekly
 - (3) Per month
 - (4) Per year
-

-CS58-

Were any payments to be received from the past 12 months?

- (1) Yes
- (2) No

-CS59-

Why weren't any payments due during that period?

- (1) Child(ren) over the age limit
- (2) Other parent not working
- (3) Other parent in jail or institution
- (4) Other reason

-CS60-

What is the total amount of child support payments you were supposed to receive during that period from the most recent agreement?

\$ _____

-CS63-

What is the total amount that you ACTUALLY RECEIVED in child support payments under that agreement, during that period? Please include any child support passed through the welfare agency, EXCLUDING your regular A.F.D.C. or [state TANF program name payment].

ENTER "N" FOR NONE

\$ _____

-CS66a-

From the past 12 months, did you receive EVERY SINGLE ONE of the child support payments you were supposed to receive?

- (1) Yes
- (2) No

-CS66b-

Of the child support payments you received from the past 12 months, how many were received ON TIME? Would you say all of them were on time, most of them, some of them or none of them?

- (1) All
- (2) Most
- (3) Some
- (4) None

-CS66c-

For the child support payments you received, how many of them were for the FULL amount you were supposed to receive? Would you say all of them, most of them, some of them, or none of them?

- (1) All
- (2) Most
- (3) Some
- (4) None

-CS67-

Sometimes child support that was not paid in previous years is added to the amount of support owed today. This is sometimes called back support, back payments or arrearages.

Did your most recent agreement for the past 12 months include payment for back support?

- (1) Yes
 - (2) No
-

-CS68-

How much of the child support owed the last 12 months was considered back payment?

\$ _____

-CS68C-

Are you owed any back payments?

(1) Yes

(2) No

-CS68D-

To date, what is the amount of back payments OWED to you?

\$ _____

-CS68G-

How much back payment did you actually RECEIVE the last 12 months?

ENTER "N" FOR NONE.

\$ _____

-CS69-

What kinds of provisions for health care costs are included in the child support agreement?

- (1) Non-custodial parent to provide health insurance
 - (2) Custodial parent to provide health insurance
 - (3) Non-custodial parent to pay actual medical costs directly
 - (4) Child support payments include cash medical support
 - (5) No provisions for health insurance were included in agreement
 - (6) Other provisions
-

-CS70-

What child custody arrangements does the child support agreement for the children specify?

- (1) Child(ren) live with mother
- (2) Child(ren) live with father
- (3) Child(ren) live with mother and with father
- (4) None
- (5) Other

-CS71-

Does the child support agreement specify the amount of time that the children will spend with the other parent?

- (1) Yes
- (2) No

-CS73-

Did all the children spend about the same number of days with the other parent in the last 12 months?

- (1) Yes
- (2) No

-CS74-

What is the total amount of time that the children spent with the other parent from the past 12 months?

ENTER ONE RESPONSE

ENTER "N" FOR NO TIME

Number of days ____
Number of weeks ____
Number of Months ____

-CS76-

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.

-CS77-

Was the child's father ever legally identified by a court ruling?

- (1) Yes
 - (2) No
-

-CS78-

Was the child's father ever legally identified by a blood test or other genetic test?

- (1) Yes
 - (2) No
-

-CS79-

Did the child's father ever write his OWN signature on the application for the child's birth certificate?

- (1) Yes
 - (2) No
-

-CS80-

Other than the application for a birth certificate, did the child's father ever sign a statement or affidavit that legally specifies that he is the child's father?

- (1) Yes
 - (2) No
-

-CS81-

Did the child's father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as the child's father?

- (1) Yes
- (2) No

-CS83-

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.

Were you ever married to the child's father?

- (1) Yes
- (2) No

-CS84-

Was the child's father ever legally identified by a court ruling?

- (1) Yes
- (2) No

-CS85-

Was the child's father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

-CS86-

Did the child's father ever write his OWN signature on the application for the child's birth certificate?

- (1) Yes
 - (2) No
-

-CS87-

Other than the application for a birth certificate, did the child's father ever sign a statement that legally specifies that he is the child's father?

- (1) Yes
- (2) No

-CS88-

Did the child's father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as the child's father?

- (1) Yes
- (2) No

-CS89-

Why was this agreement for the children never put in writing?

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

-CS90-

Where does the other parent for this agreement now live?

- (1) Same county or city
 - (2) Same State (different county or city)
 - (3) Different State
 - (4) Other parent now deceased
 - (5) Other
 - (6) Unknown
-

-CS91-

Do you and the other parent still live in the same States(s) where the initial child support agreement was reached?

- (1) Yes
- (2) No

-CS92-

Who moved?

- (1) Subject person
- (2) Other parent
- (3) Both subject person and other parent

-CS94-

Now I would like to ask a few questions about the OTHER CHILD SUPPORT AGREEMENTS you had for the children.

What was the dollar amount of that agreement? You may report this as a weekly, biweekly, monthly, or an annual amount.

\$_____ per

- (1) Per week
- (2) Biweekly
- (3) Per month
- (4) Per year

-CS97-

What is the total amount that you actually received in child support payments under that agreement during that period?

ENTER "N" IF NOTHING RECEIVED

\$_____

-CS100-

For any of these children listed above have you ever asked a public agency, such as the child support enforcement office or welfare agency, for help in obtaining child support?

- (1) Yes
- (2) No

-CS101-

In what year did you LAST ASK for help?

-CS102-

What type of help did you ask for in your last contact?

- (1) Locate the other parent
- (2) Establish paternity
- (3) Establish support obligation
- (4) Establish medical support
- (5) Enforce support order
- (6) Modify an order
- (7) Other

-CS103-

Did you receive any help from the agency as a result of your last contact?

- (1) Yes
 - (2) No
-

-CS104-

What kind of help did you receive as a result of your last contact or referral from welfare office?

- (1) Locate the other parent
- (2) Establish paternity
- (3) Establish support obligation
- (4) Establish medical support
- (5) Enforce support order
- (6) Modify an order
- (7) Other

-CS107-

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED.

Was the child's father ever legally identified by a court ruling?

- (1) Yes
- (2) No

-CS108-

Was the child's father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

-CS109-

Did the child's father ever write his OWN signature on the application for the child's birth certificate?

- (1) Yes
 - (2) No
-

-CS110-

Other than the application for a birth certificate, did the child's father ever sign a statement that legally specifies that he is the child's father?

- (1) Yes
- (2) No

-CS111-

Did the child's father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as the child's father?

- (1) Yes
- (2) No

-CS113-

One reason a parent might not have a written agreement about child support payments is because the child's father was never LEGALLY IDENTIFIED. One way to legally identify the child's father is through marriage.

Were you ever married to the child's father?

- (1) Yes
- (2) No

-CS115-

Do the children all have the same father?

- (1) Yes
- (2) No

-CS116-

Was the child's father ever legally identified by a court ruling?

- (1) Yes
 - (2) No
-

-CS117-

Was the child's father ever legally identified by a blood test or other genetic test?

- (1) Yes
- (2) No

-CS118-

Did the child's father ever write his OWN signature on the application for the child's birth certificate?

- (1) Yes
- (2) No

-CS119-

Other than the application for a birth certificate, did the child's father ever sign a statement that legally specifies that he is the child's father?

- (1) Yes
- (2) No

-CS120-

Did the child's father ever sign any other papers, such as insurance forms, a personal letter or a card, that could identify him as the child's father?

- (1) Yes
- (2) No

-CS123-

Do the children all have the same mother or father?

- (1) Yes
 - (2) No
-

-CS124-

Why were child support payments not agreed to or awarded for the youngest child?

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property or cash settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

-CS125-

Where does the other parent for the youngest child now live?

- (1) Same county or city
- (2) Same State (different county or city)
- (3) Different State
- (4) Other parent now deceased
- (5) Other
- (6) Unknown

-CS125A-

Was there ever an agreement by a court order or other government agency about the amount of time the child would spend with the other parent?

- (1) Yes
 - (2) No
-

-CS126-

What is the total amount of time the youngest child spent with the other parent from the past 12 months?

ENTER ONE RESPONSE

ENTER "N" FOR NO TIME

Number of: days ____
 or
 weeks ____
 or
 months ____

-CS128-

Why were child support agreements not agreed to or awarded for the oldest child?

- (1) Legal paternity was not established
- (2) Unable to locate parent
- (3) Other parent unable to pay
- (4) Final agreement pending
- (5) Accepted property or cash settlement in lieu of child support
- (6) Do not want a legal child support award
- (7) Did not try to get child support
- (8) Other reason

-CS129-

Where does the other parent for the oldest child now live?

- (1) Same county or city
 - (2) Same State (different county or city)
 - (3) Different State
 - (4) Other parent now deceased
 - (5) Other
 - (6) Unknown
-

-CS129A-

Was there ever an agreement by a court order or other government agency about the amount of time the child would spend with the other parent?

- (1) Yes
- (2) No

-CS130-

What is the total amount of time the oldest child spent with the other parent from the past 12 months?

ENTER ONE RESPONSE
ENTER "N" FOR NO TIME

Number of days ____
 or
 weeks ____
 or
 months ____

-CS131-

Were any payments received from the other parent in the last 12 months for the children?

- (1) Yes
- (2) No

-CS132-

What is the total amount that you received from the other parent in the past 12 months?

\$ _____

-CS135-

For ANY of the children we have discussed, did the child's other parent or parents provide any non-cash items during the last 12 months? Such items would include things such as diapers or clothing, or services such as child care.

- (1) Yes
- (2) No

-CS135a-

Earlier you said you were supposed to receive child support payments between during the last 12 months from your most recent agreement. Did any government or public agency collect any child support from the child's other parent on your behalf from the past 12 months?

- (1) Yes
- (2) No

-CS135b-

Did the agency collect ALL or SOME of the child support due the last 12 months from the child's other parent?

- (1) All
- (2) Some

-CS135c-

How much child support income did the public or government agency collect on your behalf?

\$ _____

End of the Child Support Agreements Topical Module

SIPP 2001 Panel Wave 8
Support for Nonhousehold Members Topical Module

-SUP01-

During the past 12 months, did you make payments for the support of your child or children under 21 years of age who live outside the household?

FR NOTE: Do not include payments for a child who is away at school but who is considered part of the household. Do not include payments already reported by another household member.

- (1) Yes
- (2) No

-SUP02-

Did you make regular payments, lump-sum payments, or some other kind of payment?

FR NOTE: CHECK ALL THAT APPLY

ENTER 'N' FOR NO MORE

- (1) Regular payments
- (2) Lump sum payments
- (3) Other

-SUP03-

For how many children did you make support payments?

___ Number of Children

-SUP04-

How many of these children were under 18 years of age?

___ Number of Children

-SUP05-

Were any of these payments the result of a court order or some other kind of agreement?

(1) Yes

(2) No

-SUP06-

The next few questions concern the most recent child support agreement for your children.

How many children were covered by that agreement?

____ Number of Children

-SUP07-

Was this agreement a :

FR: READ ALL CATEGORIES

(1) Voluntary written agreement ratified by the court

(2) Court-ordered agreement

(3) Other type of written agreement

(4) Non-written agreement

-SUP08-

In what year was this agreement FIRST reached?

____ Year

-SUP09-

Has the dollar amount agreed to originally ever been changed?

(1) Yes

(2) No

-SUP10-

In what year was the amount last changed?

____ Year

-SUP11-

Was this change made or agreed to by a court or child support agency?

(1) Yes

(2) No

-SUP12-

Are you still supposed to pay child support?

(1) Yes

(2) No

-SUP13-

How much did you pay in child support under this agreement during the past 12 months?

ENTER "N" FOR NONE

\$ _____

-SUP14-

Were these payments made -

FR NOTE: READ ALL CATEGORIES

(1) Through employment related wage withholding?

(2) Directly to the other parent?

(3) Directly to the court?

(4) Directly to a child support agency?

(5) By some other method?

-SUP15-

What kinds of provisions for health care costs were included in the child support agreement?

MARK ALL THAT APPLY.

ENTER 'N' FOR NO MORE

- (1) Non-custodial parent to provide health insurance
 - (2) Custodial parent to provide health insurance
 - (3) Non-custodial parent to pay medical costs directly
 - (4) Child support payments to include cash medical support
 - (5) Other provision
 - (6) No provisions for health insurance or expenses
-

-SUP16-

What child support custody arrangement does the child support agreement specify?

- (1) Joint legal and physical custody
 - (2) Joint legal with mother physical custody
 - (3) Joint legal with father physical custody
 - (4) Mother legal and physical custody
 - (5) Father legal and physical custody
 - (6) Split custody
 - (7) Other
-

-SUP17-

Does the child support agreement specify the amount of time you may spend with your child(ren)?

- (1) Yes
 - (2) No
-

-SUP18-

What is the total amount of time you spent with (this child/these children) under age 21 during the last 12 months?

FR: Allow one response in one category only. ENTER "N" FOR NONE

___ Days

___ Weeks

___ Months

-SUP19-

We talked about the most recent support agreement. Was there any other agreement that covered your other child(ren) under age 21 living outside of this household?

(1) Yes

(2) No

-SUP20-

How much did you pay in child support for (this child/these children) during the past 12 months?

ENTER "N" FOR NONE

\$___

-SUP21-

Did you make any payments for any other of your children under age 21 living outside the household without any kind of child support agreement in place?

(1) Yes

(2) No

-SUP22-

What is the total amount of the payments you made on behalf of your children under age 21 in the last 12 months?

\$ _____

-SUP23-

What is the total amount of time you spent with (this child/these children) under age 21 during the past 12 months?

FR: Allow one response in one category only. ENTER "N" FOR NONE

____ Days

____ Weeks

____ Months

-SUP24-

During the past 12 months, did you make regular or lump sum payments for the support of any other person not living in your household?

(1) Yes

(2) No

-SUP25-

For how many other persons did/do you make support payments?

____ Persons

-SUP26-

How is this person you make support payments for related to you?

- (1) Parent
 - (2) Spouse
 - (3) Ex-spouse
 - (4) Child under 21
 - (5) Child over 21
 - (6) Other relative
 - (7) Not related
-

-SUP27-

Where was this person most often living during the past 12 months?

FR: READ ALL CATEGORIES

- (1) Private home or apartment
 - (2) Nursing home
 - (3) Someplace else
-

-SUP28-

How much did you pay for the support of this person during the past 12 months?

\$ _____

-SUP30-

How is the other person you make support payments for related to you?

- (1) Parent
 - (2) Spouse
 - (3) Ex-spouse
 - (4) Child under 21
 - (5) Child over 21
 - (6) Other relative
 - (7) Not related
-

-SUP31-

Where was this person most often living during the past 12 months?

FR: READ ALL CATEGORIES

(1) Private home or apartment

(2) Nursing home

(3) Someplace else

-SUP32-

How much did you pay for the support of this person during the past 12 months?

\$ _____

-SUP34-

How much did you pay for the support of other persons that we have not talked about during the past 12 months?

\$ _____

End of the Support for Non-Household Members Topical Module

SIPP 2001 Panel Wave 8
Adult Disability Topical Module

-ADQ1-

These next few questions are about your health. Would you say your health in general is excellent, very good, good, fair, or poor?

- (1) Excellent
- (2) Very Good
- (3) Good
- (4) Fair
- (5) Poor

-ADQ2-

MARK BY OBSERVATION IF APPARENT.

Do you use any of the following aids?

- (1) Yes (2) No

- a. A cane, crutches, or a walker?
- b. A wheelchair, electric scooter, or similar aid for getting around?
- c. A hearing aid?

-ADQ3-

Have you used a cane, crutches, or a walker for six months or longer?

- (1) Yes
 - (2) No
-

-ADQ4-

Do you have difficulty seeing the words and letters in ordinary newspaper print even when wearing glasses or contact lenses if you usually wear them?

- (1) Yes
- (2) No
- (3) Person is Blind

-ADQ5-

Are you able to see the words and letters in ordinary newspaper print at all?

- (1) Yes
- (2) No

-ADQ6-

Do you have difficulty hearing what is said in a normal conversation with another person even when wearing your hearing aid?

- (1) Yes
- (2) No
- (3) Person is deaf

-ADQ7-

Are you able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

-ADQ8-

Do you have difficulty having your speech understood?

FR NOTE: DO NOT enter "1" for "Yes" if the person has trouble simply because they speak a language other than English.

- (1) Yes
 - (2) No
-

-ADQ9-

In general, are people able to understand your speech at all?

(1) Yes

(2) No

-ADQ10-

Do you have any difficulty lifting and carrying something as heavy as 10 pounds - such as a bag of groceries?

(1) Yes

(2) No

-ADQ11-

Are you able to lift and carry a 10 pound bag of groceries at all?

(1) Yes

(2) No

-ADQ12-

Would you have any difficulty lifting and carrying a 25 pound bag of pet food?

(1) Yes

(2) No

-ADQ13-

Would you be able to lift and carry a 25 pound bag of pet food at all?

(1) Yes

(2) No

-ADQ14-

Do you have any difficulty pushing or pulling large objects such as a living room chair?

(1) Yes

(2) No

-ADQ15-

Are you able to push or pull such large objects at all?

- (1) Yes
- (2) No

-ADQ16-

Do you have any difficulty -

- (1) Yes (2) No

- a. Standing or being on your feet for one hour?
- b. Sitting for one hour?
- c. Stooping, crouching, or kneeling?
- d. Reaching over your head?

-ADQ17-

Do you have difficulty using your hands and fingers to do things such as picking up a glass or grasping a pencil?

- (1) Yes
- (2) No

-ADQ18-

Are you able to use your hands and fingers to grasp and handle at all?

- (1) Yes
- (2) No

-ADQ19-

Do you have any difficulty walking up a flight of 10 stairs?

- (1) Yes
 - (2) No
-

-ADQ20-

Are you able to walk up a flight of 10 stairs at all?

(1) Yes

(2) No

-ADQ21-

Do you have any difficulty walking a quarter of a mile - about 3 city blocks?

(1) Yes

(2) No

-ADQ22-

Are you able to walk a quarter of a mile at all?

(1) Yes

(2) No

-ADQ23-

Do you have any difficulty using an ordinary telephone?

(1) Yes

(2) No

-ADQ24-

Are you able to use an ordinary telephone at all?

(1) Yes

(2) No

-ADQ25-

Because of a physical or mental health condition, do you have difficulty doing any of the following by yourself?

FR NOTE: EXCLUDE THE EFFECTS OF TEMPORARY CONDITIONS - IF AN AID IS USED, ASK WHETHER THE PERSON HAS DIFFICULTY WHEN USING THE AID.

(1) Yes (2) No

- a. Getting around INSIDE the home?
 - b. Going OUTSIDE the home, for example, to shop or visit a doctor's office?
 - c. Getting in and out of bed or a chair?
 - d. Taking a bath or shower?
 - e. Dressing?
 - f. Walking?
 - g. Eating?
 - h. Using or getting to the toilet?
 - i. Keeping track of money or bills?
 - j. Preparing meals?
 - k. Doing light housework such as washing dishes or sweeping a floor?
 - l. Taking the right amount of prescribed medicine at the right time?
-

-ADQ26-

Do you need the help of another person with :

FR NOTE: Read activity listed

(1) Yes (2) No

- a. Getting around INSIDE the home?
 - b. Going OUTSIDE the home, for example, to shop or visit a doctor's office?
 - c. Getting in and out of bed or a chair?
 - d. Taking a bath or shower?
 - e. Dressing?
 - f. Walking?
 - g. Eating?
 - h. Using or getting to the toilet?
 - i. Keeping track of money and bills?
 - j. Preparing meals?
 - k. Doing light housework such as washing dishes or sweeping a floor?
 - l. Taking the right amount of prescribed medicine at the right time?
-

-AD27A-

You have said you need the help of another person with one or more activities. Who generally helps you with these activities?

Mark only one.

First Helper:

RELATIVE

- (1) Son
- (2) Daughter
- (3) Spouse
- (4) Parent
- (5) Other relative

NONRELATIVE

- (6) Friend or Neighbor
- (7) Paid help
- (8) Other nonrelative

Did not receive help

- (9) Did not receive help

-AD27B-

ASK OR VERIFY : THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

Is the person who generally helps you with these activities a member of this household?

Enter line number of person, or N if not a household member

-AD27C-

Does anyone else help you with these activities?

Mark only one.

NO ONE ELSE HELPED:

(1) No one else helped

RELATIVE:

(2) Son

(3) Daughter

(4) Spouse

(5) Parent

(6) Other relative

NONRELATIVE:

(7) Friend or Neighbor

(8) Paid help

(9) Other nonrelative

-AD27D-

ASK OR VERIFY : THIS PERSON MUST BE 15 YEARS OF AGE OR OLDER

Is this person a member of this household?

Enter line number of person, or N if not a household member

-ADQ29-

For how long have you needed help of another person?

(1) Less than 6 months

(2) 6 to 11 month

(3) 1 to 2 years

(4) 3 to 5 years

(5) More than 5 years

-ADQ30-

During the past month, did you or your family pay for any of the help that you received?

(1) Yes

(2) No

-ADQ31-

How much was paid for such help?

Enter (\$0-\$999999) or (N) for none

-ADQ32-

SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

I have recorded that you have difficulty with certain activities. Which condition or conditions cause these difficulties?

Any Others?

Enter (N) for None or no more.

Enter (H) for list of health conditions.

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

-ADQ33-

I have recorded that your health is fair. Which condition or conditions cause your health problems?

SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

Any Others?

Enter (H) for list of health conditions.

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

Mark all that apply; Enter (N) for None or no more

-ADQ34-

Are any of these conditions the result of a motor vehicle accident?

(1) Yes

(2) No

-ADQ35-

Which of the conditions that you mentioned do you consider to be the main reason for your difficulties?

PRESS (H) TO SEE A LIST OF CONDITIONS

Main condition

-ADQ36-

When did (name of condition or main condition) first begin to bother you?

(S) Since birth

____ Year

-ADQ36B

Do you know what month?

-ADQ37-

Have you had this condition for at least 5 months?

- (1) Yes
- (2) No

-ADQ38-

Is this condition expected to last for at least 12 more months?

- (1) Yes
- (2) No

-ADQ39-

Do you have -

- (1) Yes (2) No

- a. A learning disability such as dyslexia?
- b. Mental retardation?
- c. A developmental disability such as autism or cerebral palsy?
- d. Alzheimer's disease or any other serious problem with confusion or forgetfulness?
- e. Any other mental or emotional condition?

-ADQ40-

Are you frequently depressed or anxious?

- (1) Yes
 - (2) No
-

-ADQ41-

Do you have -

(1) Yes (2) No

- a. A lot of trouble getting along with other people and making and keeping friendships?
 - b. A lot of trouble concentrating long enough to finish everyday tasks?
 - c. A lot of trouble coping with day-to-day stresses?
-

-ADQ42-

During the past 12 months, did the problems just mentioned seriously interfere with your ability to manage everyday activities?

(1) Yes

(2) No

-ADQ43-

Do you have a long-lasting physical or mental condition that has made it difficult to remain employed or to find a job?

(1) Yes

(2) No

-ADQ44-

Does your health or condition prevent you from working at a job or business?

(1) Yes

(2) No

-ADQ45-

Do you have a physical, mental, or other health condition that limits the kind or amount of work you can do around the house?

(1) Yes

(2) No

-ADQ46-

Does your health or condition completely prevent you from doing work around the house?

(1) Yes

(2) No

-ADQ47-

SHOW FLASHCARD BB FOR PERSONAL VISIT INTERVIEWS.

I have recorded that you have a limitation in working. Which condition or conditions cause this limitation?

Enter (H) for list of health conditions

Enter (N) for None or no more

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

Any Others?

-ADQ48-

Which of the conditions that you mentioned do you consider to be the main reason for your limitation?

PRESS (H) TO SEE A LIST OF CONDITIONS

-ADQ49-

In the last 12 months, have you applied for social security disability benefits for yourself?

(1) Yes

(2) No

-ADQ50-

These next few questions are about computer usage. Is there a computer or laptop in your household?

(1) Yes

(2) No

-ADQ51-

Do you use a computer at home?

(1) Yes

(2) No

-ADQ52-

Do you use a computer as a part of your (MAIN) job?

(1) Yes

(2) No

-ADQ53-

Do you use a computer at school?

(1) Yes

(2) No

-ADQ54-

Do you use the internet from any location?

(1) Yes

(2) No

-ADQ55-

Do you connect to the internet at home?

- (1) Yes
 - (2) No
-

-ADQ56-

At work, do you connect to the internet?

- (1) Yes
 - (2) No
-

-ADQ57-

Do you use the internet at school?

- (1) Yes
 - (2) No
-

-ADQ58-

Do you use the internet at-

- (1) a public library?
 - (2) a community Center?
 - (3) someone else's house?
 - (4) some other place/specify _____
-

-ADQ59-

READ: Now we're going to talk about how you may have used the internet this year.

This year, have you used the internet to take a course online?

- (1) Yes
 - (2) No
-

-ADQ60-

This year, have you used the internet to search for information about health services or practices?

(1) Yes

(2) No

-ADQ61-

This year, have you used the internet to search for information about government services or agencies?

(1) Yes

(2) No

-ADQ62-

This year, have you used the internet to search for a job?

(1) Yes

(2) No

-ONLINE-

Would you be willing to respond to future SIPP interviews over the Internet?

(1) Yes

(2) No

-INTSTILL-

If the SIPP questionnaire was available through the Internet, we expect it would work like this:

- you could answer the questionnaire at your convenience;
- an interviewer would not directly administer the questionnaire;
- it might take longer to complete the questionnaire than the current practice;
- everyone in the household would be asked to fill in parts of the questionnaire for themselves.

Under these conditions, would your household be willing to respond to future SIPP interviews over the Internet?

- (1) Yes
- (2) No

End of the Adult Disability Topical Module

SIPP 2001 Panel Wave 8
Child Disability Topical Module

-CDIN-

The questions in this section ask about any physical or mental conditions which your children may have.

-CDQ1A-

Does ... have a serious physical or mental condition or a developmental delay that limits ordinary activities?

- (1) Yes
- (2) No

-CDQ1B-

Does ... have a long-lasting condition that limits his/her ability to move his/her arms or legs?

- (1) Yes
- (2) No

-CDQ1C-

Does ... have a long-lasting condition that limits his/her ability to walk, run, or play?

- (1) Yes
- (2) No

-CDQ3-

Because of a physical, learning, or mental condition, does ... have any limitations in his/her ability to do regular school work?

- (1) Yes
 - (2) No
-

-CDQ4-

Has ... ever received special education services?

- (1) Yes
- (2) No

-CDQ5-

Is ... currently receiving special education services?

- (1) Yes
- (2) No

-CDQ6-

Does ... have:

- (1) Yes (2) No

- a. A learning disability such as dyslexia?
- b. Mental retardation?
- c. A developmental disability such as autism or cerebral palsy?
- d. Attention Deficit Hyperactivity Disorder (ADHD)
- e. Any other developmental condition for which he/she has received therapy or diagnostic services?

-CDQ6a-

Does ... take medication or receive treatment for this condition?

- (1) Yes
 - (2) No
-

-CDQ7-

MARK BY OBSERVATION IF APPARENT:

Does ... use any of the following aids?

(1) Yes (2) No

a. A cane, crutches, or a walker?

b. A wheelchair or an electric scooter?

c. A hearing aid?

-CDQ8-

Has ... used a cane, crutches, or a walker for six months or longer?

(1) Yes

(2) No

-CDQ9-

Does ... have difficulty seeing the words and letters in ordinary newspaper print, even when wearing glasses or contact lenses if he/she usually wears them?

(1) Yes

(2) No

(3) Person is Blind

-CDQ10-

Is ... able to see the words and letters in ordinary newspaper print at all?

(1) Yes

(2) No

-CDQ11-

Does ... have difficulty hearing what is said in a normal conversation with another person even when wearing his/her hearing aid?

- (1) Yes
- (2) No
- (3) Person is Deaf

CDQ12-

Is ... able to hear what is said in a normal conversation at all?

- (1) Yes
- (2) No

-CDQ13-

Does ... have any difficulty having his/her speech understood?

- (1) Yes
- (2) No

-CDQ14-

In general, are people able to understand ... speech at all?

- (1) Yes
- (2) No

-CDQ15-

Does ... have a long-lasting condition that limits his/her ability to walk, run, or take part in sports and games?

- (1) Yes
 - (2) No
-

-CDQ16-

Because of a long-lasting physical or mental condition does ... have any difficulty getting around INSIDE the home by himself/herself?

- (1) Yes
 - (2) No
-

-CDQ17-

Does ... need the help of another person with getting around inside the home?

- (1) Yes
 - (2) No
-

-CDQ18-

Does ... have any difficulty getting in and out of bed or a chair by himself/herself?

- (1) Yes
 - (2) No
-

-CDQ19-

Does ... need the help of another person with getting in and out of bed or a chair?

- (1) Yes
 - (2) No
-

-CDQ20-

Does ... have any difficulty taking a bath or shower by himself/herself?

- (1) Yes
 - (2) No
-

-CDQ21-

Does ... need the help of another person with taking a bath or shower?

- (1) Yes
 - (2) No
-

-CDQ22-

Because of a long-lasting condition does ... have any difficulty putting on his/her clothing by himself/herself?

- (1) Yes
 - (2) No
-

-CDQ23-

Does ... need the help of another person with putting on his/her clothing?

- (1) Yes
 - (2) No
-

-CDQ24-

Does ... have any difficulty eating food by himself/herself?

- (1) Yes
 - (2) No
-

-CDQ25-

Does ... need the help of another person with eating food?

- (1) Yes
 - (2) No
-

-CDQ26-

Does ... have any difficulty using or getting to the toilet by himself/herself?

- (1) Yes
 - (2) No
-

-CDQ27-

Does ... need the help of another person with using or getting to the toilet?

- (1) Yes
 - (2) No
-

-CDQ28-

Does ... have an emotional or mental condition that makes it difficult to play with or get along with other children of the same age?

- (1) Yes
 - (2) No
-

-CDQ29-

SHOW FLASHCARD CC FOR PERSONAL VISIT INTERVIEWS.

I have recorded that ... has difficulty with certain activities. Which condition or conditions cause this difficulty?

Any others?

Enter (N) for None or No More.

Enter (H) for list of health conditions.

- | | |
|--|---|
| 01- Asthma | 13- Heart trouble |
| 02- Autism | 14- Impairment or deformity of back, foot, or leg |
| 03- ADHD | 15- Impairment or deformity of arm, hand, or finger |
| 04- Blindness or vision problems | 16- Learning disability |
| 05- Cancer | 17- Mental or emotional problem or disorder |
| 06- Cerebral palsy | 18- Mental retardation |
| 07- Deafness or hearing problems | 19- Missing legs, feet, arms, hands, or fingers |
| 08- Diabetes | 20- Paralysis of any kind |
| 09- Drug or alcohol problem or disorder | 21- Speech problems |
| 10- Epilepsy or seizure disorder | 22- Tonsillitis or repeated ear infections |
| 11- Hay fever or other respiratory allergies | 23- Other |
| 12- Head or spinal cord injury | |

FR NOTE: If the person reports more than three conditions enter the appropriate code for the first three conditions the respondent identified.

-CDQ30-

Is this condition the result of a motor vehicle accident?

- (1) Yes
(2) No
-

End of Child Disability Topical Module

SIPP 2001 Wave 8
Adult Well-Being Topical Module

-AW2_APT-

DO NOT READ TO RESPONDENT (ASK ONLY IF NECESSARY)

Is there more than one housing unit in this building?

- (1) Yes
- (2) No

-AW5_CNDUR-

SHOW FLASHCARD AA (READ ANSWER CATEGORIES IF NECESSARY)

Do you currently have the following items in your home, in working condition?

- (1) Yes (2) No

- (01)Washing machine
- (02)Clothes dryer
- (03)Dishwasher
- (04)Refrigerator
- (05)Stand-alone food freezer (separate from refrigerator)
- (06)Color television
- (07)Gas or electric stove (with or without oven)
- (08)Microwave oven
- (09)Videocassette recorder (VCR)
- (10)Air conditioner (central or room)
- (11)Personal computer
- (12)Cellular phone or car phone
- (13)Regular telephone

-AW6_CBLD1-

You didn't list a washing machine in your home. Is there a washing machine in your BUILDING provided for your use?

- (1) Yes
 - (2) No
-

-AW7_CBLD2-

You didn't list a dryer in your home. Is there a dryer in your BUILDING provided for your use?

- (1) Yes
- (2) No

-AW8_CBLD13-

You didn't list a telephone in your home. Is there a way for people to reach you by telephone?

- (1) Yes, neighbor's phone, common phone, pay phone
- (2) Yes, cell phone
- (3) Yes, other device
- (4) No, cannot be reached by telephone

-AW9_ROOMS-

The next set of questions are about the quality of your neighborhood, crime in your neighborhood, and the type of services available to you. First, I will ask about your home.

How many rooms are there in your home? Count the kitchen but do not count the bathrooms.

FR NOTE: Acceptable range is 1-20. Enter 20 to indicate 20 or more rooms.

_____ (Number of rooms)

-AW10_HOUSE1-

SHOW FLASHCARD BB (READ ANSWER CATEGORIES IF NECESSARY)

Are any of the following conditions present in your home?

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY

- (1) Problem with pests such as rats, mice, roaches, or other insects
- (2) A leaking roof or ceiling
- (3) Broken window glass or windows that can't shut
- (4) Exposed electrical wires in the finished areas of your home
- (5) A toilet, hot water heater, or other plumbing that doesn't work
- (6) Holes in the walls or ceiling, or cracks wider than the edge of a dime
- (7) Holes in the floor big enough for someone to catch their foot on

-AW11_HOUSE2-

SHOW FLASHCARD CC

Now I'm going to ask you a few questions about your satisfaction with certain aspects of your housing.

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied, with the following:

FR NOTE: Very satisfied=1

Somewhat satisfied=2

Somewhat dissatisfied=3

Very dissatisfied=4

Haven't lived here long enough to know=5

- (1) The general state of repair of your home
 - (2) The amount of room or space in your home
 - (3) The furnishings in your home
 - (4) The warmth of your home in winter
 - (5) The coolness of your home in summer
 - (6) The amount of privacy your home offers
-

-AW12_SATLV1-

SHOW FLASHCARD DD (READ ANSWER CATEGORIES IF NECESSARY)

Overall, how satisfied are you with your home?

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

-AW13_SATLV2-

Are conditions in your home undesirable enough that you would like to move?

- (1) Yes
- (2) No

-AW14_CRIME1-

The next few questions are about crime and things you have done to protect yourself from crime.

Is there any area right around your home --- that is, within a mile --- where you would be afraid to walk alone at night?

- (1) Yes
- (2) No

-AW15_CRIME2-

In the past month, have you done any of the following because you thought you might be unsafe?

- (1) Yes(2) No

- (1) Have you stayed in your home at certain times?
 - (2) Have you taken someone with you or traveled with other people when going out into your neighborhood?
 - (3) Have you carried anything to protect yourself?
-

-AW16_CRIME3-

Do you consider your neighborhood very safe from crime, somewhat safe, somewhat unsafe, or very unsafe?

- (1) Very safe
- (2) Somewhat safe
- (3) Somewhat unsafe
- (4) Very unsafe

-AW17_CRIME4-

How about your home? Do you consider it very safe from crime, somewhat safe, somewhat unsafe, or very unsafe?

- (1) Very safe
- (2) Somewhat safe
- (3) Somewhat unsafe
- (4) Very unsafe

-AW18_CRIME5-

We are interested in finding out if people do anything in particular to keep thieves or intruders out of their homes.

Do you have a dog?

- (1) Yes
- (2) No

-AW19_CRIME6-

When you got (this dog/these dogs), was it in part to keep your home safe from thieves or intruders?

- (1) Yes
 - (2) No
-

-AW20_CRIME7-

Do you have any special safety DEVICES such as electric timers for lights, or an alarm system?

- (1) Yes
- (2) No

-AW21_SATLV3-

Overall, is the threat of crime where you live undesirable enough that you would like to move?

- (1) Yes
- (2) No

-AW22_NBRHD1-

Now I will ask some questions about general conditions in your neighborhood.

SHOW FLASHCARD EE (READ ANSWER CATEGORIES IF NECESSARY)

Do you think any of the following conditions are problems in your neighborhood?

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY

- (1) Street noise or heavy street traffic
- (2) Streets in need of repair
- (3) Trash, litter, or garbage in the streets and lots
- (4) Rundown or abandoned houses or buildings
- (5) Industries, businesses, or other non-residential activities
- (6) Odors, smoke, or gas fumes

-AW23_NBRHD2-

SHOW FLASHCARD DD

How satisfied are you with your relationship with your neighbors?

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied?

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

-AW24_SATLV4-

SHOW FLASHCARD DD

Overall, how satisfied are you with conditions in your neighborhood?

READ IF NECESSARY

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

-AW25_SATLV5-

Is your neighborhood undesirable enough that you would like to move?

- (1) Yes
- (2) No

-AW26_CSINTRO-

Now I'm going to ask you a few questions about your satisfaction with services and facilities in your neighborhood.

PRESS ENTER

-AW27_CS1-

SHOW FLASHCARD DD

How satisfied are you with the local public schools in your neighborhood?

READ IF NECESSARY

- (1) Very satisfied
- (2) Somewhat satisfied
- (3) Somewhat dissatisfied
- (4) Very dissatisfied

-AW28_CS2-

SHOW FLASHCARD FF (READ ANSWER CATEGORIES IF NECESSARY)

We are interested in schools from kindergarten through 12th grade.
Do any of the children in your household attend:

- (1) Yes(2) No
- (1) Private school
- (2) Magnet, charter, or other public school apart from the assigned school
- (3) Assigned public school
- (4) Home school
- (5) Not in school or other arrangement

-AW29_CS3-

Would you prefer a different school for any child in this home?

- (1) Yes
 - (2) No
-

-AW30_CS4-

Are you very satisfied, somewhat satisfied, somewhat dissatisfied, or very dissatisfied with each of the following services in your neighborhood:

FR NOTE: Very satisfied=1

Somewhat satisfied=2

Somewhat dissatisfied=3

Very dissatisfied=4

Haven't lived here long enough to know=5

(1) Hospitals, health clinics, and doctors

(2) Police services

(3) Fire department services

-AW31_CS5-

Are the public transportation services available in your neighborhood adequate for you?

(1) Yes

(2) No

(3) Not sure because you do not use public transportation

-AW32_SATLV6-

SHOW FLASHCARD DD

Overall, how satisfied are you with the public services in your neighborhood?

READ IF NECESSARY

(1) Very satisfied

(2) Somewhat satisfied

(3) Somewhat dissatisfied

(4) Very dissatisfied

-AW33_SATLV7-

Are the public services undesirable enough that you would like to move?

- (1) Yes
- (2) No

-AW34_MEET-

Next are questions about difficulties people sometimes have in meeting their essential household expenses for such things as mortgage or rent payments, utility bills, or important medical care.

During the past 12 months, has there been a time when you did not meet all of your essential expenses?

- (1) Yes
- (2) No

-AW35_NEED1-

The following are some of the specific difficulties people experience with household expenses.

Was there any time in the past 12 months when you did not pay the full amount of the rent or mortgage?

- (1) Yes
- (2) No

-AW36_GETH1-

When you had this problem, did any person or organization help?

- (1) Yes
 - (2) No
-

-AW37_WHOH1-

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY

Who was that?

- (1) A family member or relative
- (2) A friend, neighbor or other non-relative
- (3) A department of social services
- (4) A church or nonprofit group
- (5) Other

-AW38_NEED2-

In the past 12 months were you evicted from your home or apartment for not paying the rent or mortgage?

- (1) Yes
- (2) No

-AW39_GETH2-

When you had this problem, did any person or organization help?

- (1) Yes
- (2) No

-AW40_WHOH2-

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY

Who was that?

- (1) A family member or relative
 - (2) A friend, neighbor or other non-relative
 - (3) A department of social services
 - (4) A church or nonprofit group
 - (5) Other
-

-AW41_NEED3-

How about not paying the full amount of the gas, oil, or electricity bills?

Was there a time in the past 12 months when that happened to you?

- (1) Yes
- (2) No

-AW42_GETH3-

When you had this problem, did any person or organization help?

- (1) Yes
- (2) No

-AW43_WHOH3-

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY[n]

Who was that?

- (1) A family member or relative
- (2) A friend, neighbor or other non-relative
- (3) A department of social services
- (4) A church or nonprofit group
- (5) Other

-AW44_NEED4-

In the past 12 months did the gas or electric company turn off service, or the oil company not deliver oil?

- (1) Yes
 - (2) No
-

-AW45_GETH4-

When you had this problem, did any person or organization help?

- (1) Yes
- (2) No

-AW46_WHOH4-

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY

Who was that?

- (1) A family member or relative
- (2) A friend, neighbor or other non-relative
- (3) A department of social services
- (4) A church or nonprofit group
- (5) Other

-AW47_NEED5-

How about the telephone company disconnecting service because payments were not made?

Was there a time in the past 12 months when that happened to you?

- (1) Yes
- (2) No

-AW48_GETH5-

When you had this problem, did any person or organization help?

- (1) Yes
 - (2) No
-

-AW49_WHOH5-

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY

Who was that?

- (1) A family member or relative
- (2) A friend, neighbor or other non-relative
- (3) A department of social services
- (4) A church or nonprofit group
- (5) Other

-AW50_NEED6-

In the past 12 months was there a time you needed to see a doctor or go to the hospital but did not go?

- (1) Yes
- (2) No

-AW51_GETH6-

When you had this problem, did any person or organization help?

- (1) Yes
- (2) No

-AW52_WHOH6-

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY

Who was that?

- (1) A family member or relative
 - (2) A friend, neighbor or other non-relative
 - (3) A department of social services
 - (4) A church or nonprofit group
 - (5) Other
-

-AW53_NEED7-

In the past 12 months was there a time you needed to see a dentist but did not go?

- (1) Yes
- (2) No

-AW54_GETH7-

When you had this problem, did any person or organization help?

- (1) Yes
- (2) No

-AW55_WHOH7-

ENTER ALL THAT APPLY AND ENTER "N" AFTER LAST ENTRY

Who was that?

- (1) A family member or relative
- (2) A friend, neighbor or other non-relative
- (3) A department of social services
- (4) A church or nonprofit group
- (5) Other

-AW56_HELP1-

SHOW FLASHCARD GG (READ ANSWER CATEGORIES IF NECESSARY)

If you had a problem with which you needed help (for example, sickness or moving), how much help would you expect to get from family living nearby?

- (1) All of the help needed
 - (2) Most of the help needed
 - (3) Very little of the help needed
 - (4) No help
-

-AW57_HELP2-

SHOW FLASHCARD GG (READ ANSWER CATEGORIES IF NECESSARY)

If you had a problem with which you needed help, how much help would you expect to get from friends?

- (1) All of the help needed
- (2) Most of the help needed
- (3) Very little of the help needed
- (4) No help

-AW58_HELP3-

SHOW FLASHCARD GG (READ ANSWER CATEGORIES IF NECESSARY)

If you had a problem with which you needed help, how much help would you expect to get from other people in the community besides family and friends, such as a social agency or a church?

- (1) All of the help needed
- (2) Most of the help needed
- (3) Very little of the help needed
- (4) No help

-AW59_FOOD1-

SHOW FLASHCARD HH (READ ANSWER CATEGORIES IF NECESSARY)

These next questions are about the food eaten in your household in the last 12 months and whether you were able to afford the food you need.

Which of these statements best describes the food eaten in your household in the last 12 months:

- (1) Enough of the kinds of food we want
 - (2) Enough but not always the kinds of food we want to eat
 - (3) Sometimes not enough to eat
 - (4) Often not enough to eat
-

-AW60_FOOD2-

During which, if any, of the last four months -- [reference month1], [reference month2], [reference month3], [reference month4] -- did you NOT have enough to eat?

MARK ALL THAT APPLY

MARK "A" FOR "ALL MONTHS" MARK "N" FOR "NONE/NO MORE"

- (1) 4 mos. ago [reference month1]
- (2) 3 mos. ago [reference month2]
- (3) 2 mos. ago [reference month3]
- (4) last month [reference month4]
- (5) current month [current reference month]

>AW60A_FOOD2A<

And how about before that -- from [current month] of last year through [fifth month ago]?
(Did you not have enough to eat at any time during that period?)

- (1) Yes
- (2) No

-AW61_FOOD3-

I'm going to read you some statements that people have made about their food situation. For these statements, please tell me whether it was OFTEN TRUE, SOMETIMES TRUE, or NEVER TRUE for you in the last 12 months.

"I worried whether my food would run out before I got money to buy more."

Was that often, sometimes or never true for you in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

-AW62_FOOD4-

The next statement is: "You couldn't afford to eat balanced meals."

Was that often, sometimes or never true for you in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

-AW63_FOOD5-

The next statement is: "You're not eating enough because you couldn't afford enough food."

Was that often, sometimes or never true for you in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

-AW64_FOOD6-

"I relied on only a few kinds of low-cost food to feed my child because I was running out of money to buy food."

Was that often, sometimes or never true for you in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

-AW65_FOOD7-

"I couldn't feed my child a balanced meal, because I couldn't afford that."

Was that often, sometimes or never true for you in the last 12 months?

- (1) Often true
- (2) Sometimes true
- (3) Never true

-AW66_FOOD8-

"My child was not eating enough because I just couldn't afford enough food."

Was that often, sometimes or never true for you in the last 12 months?

- (1) Often true
 - (2) Sometimes true
 - (3) Never true
-

>AW67_FOOD9<

In the last 12 months, since [current month and previous year] did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- (1) Yes
- (2) No

>AW68_FOOD10<

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
- (2) Some months but not every month
- (3) Only 1 or 2 months

>AW69_FOOD11<

In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- (1) Yes
- (2) No

>AW70_FOOD12<

In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- (1) Yes
 - (2) No
-

>AW71_FOOD13<

In the last 12 months, did you lose weight because you didn't have enough money for food?

- (1) Yes
- (2) No

>AW72_FOOD14<

In the last 12 months, did you ever not eat for a whole day because there wasn't enough money for food?

- (1) Yes
- (2) No

>AW73_FOOD15<

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
- (2) Some months but not every month
- (3) Only 1 or 2 months

>AW74_FOOD16<

The next questions are about children living in the household who are under 18 years old.

In the last 12 months, since [current month and previous year], did you ever cut the size of [child's name] meals because there wasn't enough money for food?

- (1) Yes
 - (2) No
-

>AW75_FOOD17<

In the last 12 months, did [child's name] ever skip a meal because there wasn't enough money for food?

- (1) Yes
- (2) No

AW76_FOOD18<

How often did this happen—almost every month, some months but not every month, or in only 1 or 2 months?

- (1) Almost every month
- (2) Some months but not every month
- (3) Only 1 or 2 months

>AW77_FOOD19<

In the last 12 months, was [child's first name] ever hungry but you just couldn't afford more food?

- (1) Yes
- (2) No

>AW78_FOOD20<

In the last 12 months, did [child's first name] ever not eat for a whole day because there wasn't enough money for food?

- (1) Yes
- (2) No

End of Adult Well-Being Topical Module

SIPP 2001 Wave 8
Language Topical Module

>LANGUAGE1<

Do you speak a language other than English at home?

- (1) Yes
- (2) No

>LANGUAGE2<

What is this language?

FR NOTE: IF MORE THAN ONE, MARK THE “MAIN” OTHER LANGUAGE

- (1) Spanish
 - European languages:
 - (2) French (Creole)
 - (3) German
 - (4) Greek
 - (5) Italian
 - (6) Persian (Farsi, Iranian, Dari)
 - (7) Polish
 - (8) Portuguese
 - (9) Russian
 - (10) Serbo-Croatian (Bosnian, Yugoslavian)
 - Asian and Pacific Island Languages:
 - (11) Chinese (Mandarin, Cantonese, Taiwanese)
 - (12) Japanese
 - (13) Korean
 - (14) Tagalog, Pilippino
 - (15) Vietnamese
 - Other Languages:
 - (16) Arabic
 - (17) Hindi, Urdu
 - (18) African language (Swahili, Yoruba)
 - (19) Native American Indian (Cherokee, Navajo, Yupik)
 - (20) Other, (specify)
-

>LANG2SPEC<

What is this other language?

>LANGUAGE3<

How well do you speak English?

- (1) Very well
- (2) Well
- (3) Not well
- (4) Not at all

End of Language Topical Module